

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="text-align: right;"> SERIAL NO. 09/826282 FILING DATE _____ APPLICANT(S) _____ </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	3					
TOTAL CLAIMS	4					
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TOTAL CLAIMS						